

Change of Undergraduate Program/Plan

Student Information:

Last First Middle MyUHV ID

Street or Box Address Phone

City State Zip Email

Have you applied for graduation:

Are you an International Student:

Present Program: _____

Present Plan: _____

Present Concentration (if any): _____

Proposed Program: _____

Proposed Plan: _____

Proposed Concentration (if any): _____

Additional Program (if any): _____

Additional Plan (if any): _____

Additional Concentration (if any): _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

For office use only:

Originally submitted by student on: _____ Current status: _____

_____ Approved _____ Denied Reviewed on: _____